

APPLICATION FOR FEDERAL DOMESTIC ASSISTANCE - Short Organizational

Version 01

* 1. NAME OF FEDERAL AGENCY:

National Endowment for the Humanities

2. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:

45.164

CFDA TITLE:

Promotion of the Humanities_Public Programs

* 3. DATE RECEIVED: Completed Upon Submission to Grants.gov

SYSTEM USE ONLY

* 4. FUNDING OPPORTUNITY NUMBER:

NEH-GRANTS-062705-001

* TITLE:

Consultation Grants for Museums

5. APPLICANT INFORMATION

* a. Legal Name:

b. Address:

* Street1:

Street2:

* City:

County:

* State:

Province:

* Country:

USA: UNITED STATES

* Zip/Postal Code:

c. Web Address:

http://

* d. Type of Applicant: Select Applicant Type Code(s):

Type of Applicant:

Type of Applicant:

* Other (specify):

* e. Employer/Taxpayer Identification Number (EIN/TIN):

* f. Organizational DUNS:

* g. Congressional District of Applicant:

6. PROJECT INFORMATION

* a. Project Title:

* b. Project Description:

c. Proposed Project: * Start Date:

* End Date:

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Version 01

7. PROJECT DIRECTOR

Social Security Number (SSN) - Optional:

Disclosure of SSN is voluntary. Please see the application package instructions for the agency's authority and routine uses of the data.

Prefix: <input type="text"/>	* First Name: <input type="text"/>	Middle Name: <input type="text"/>
* Last Name: Smith		Suffix: <input type="text"/>
* Title: <input type="text"/>		* Email: <input type="text"/>
* Telephone Number: <input type="text"/>		Fax Number: <input type="text"/>
* Street1: <input type="text"/>		Street2: <input type="text"/>
* City: <input type="text"/>		County: <input type="text"/>
* State: <input type="text"/>		Province: <input type="text"/>
* Country: USA: UNITED STATES		* Zip/Postal Code: <input type="text"/>

8. PRIMARY CONTACT/GRANTS ADMINISTRATOR

<input type="checkbox"/> Same as Project Director (skip to item 9):	Social Security Number (SSN) - Optional: <input type="text"/> Disclosure of SSN is voluntary. Please see the application package instructions for the agency's authority and routine uses of the data.	
Prefix: <input type="text"/>	* First Name: <input type="text"/>	Middle Name: <input type="text"/>
* Last Name: <input type="text"/>		Suffix: <input type="text"/>
* Title: <input type="text"/>		* Email: <input type="text"/>
* Telephone Number: <input type="text"/>		Fax Number: <input type="text"/>
* Street1: <input type="text"/>		Street2: <input type="text"/>
* City: <input type="text"/>		County: <input type="text"/>
* State: <input type="text"/>		Province: <input type="text"/>
* Country: USA: UNITED STATES		* Zip/Postal Code: <input type="text"/>

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9. * By signing this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties (U.S. Code, Title 218, Section 1001)

** I Agree ☐

** The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions.

AUTHORIZED REPRESENTATIVE

Prefix: <input type="text"/>	* First Name: <input type="text"/>	Middle Name: <input type="text"/>
* Last Name: <input type="text"/>		Suffix: <input type="text"/>
* Title: <input type="text"/>		* Email: <input type="text"/>
* Telephone Number: <input type="text"/>		Fax Number: <input type="text"/>
* Signature of Authorized Representative: <input type="text"/>		* Date Signed: <input type="text"/>

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Standard Form 424 Organization Short (04-2005)

Prescribed by OMB Circular A-102